



FINANCIAL PROFILE

State Form 1349 (R4 / 7-00)

Approved by State Board of Accounts, 1997

♻️ RECYCLED PAPER

OFFICE USE ONLY

FILE #

Indiana Grain Buyers &
Warehouse Licensing Agency
ISTA Center - Suite 416
150 West Market Street
Indianapolis, Indiana 46204-2810
Phone: (317) 232-1356
FAX: (317) 232-1362

INSTRUCTIONS: Please complete this form and attach to Financial Statement

**INFORMATION HEREIN WILL REMAIN
CONFIDENTIAL PER INDIANA STATUTE.**

COMPANY INFORMATION

Name of business:

d/b/a:

Individual in charge

Title of Individual in charge:

Address (location and mailing):

City, State, Zip Code:

County:

Telephone number (Area code):

Fax number (Area code):

FORM OF BUSINESS ORGANIZATION

PRINCIPAL BUSINESS ACTIVITIES

BUSINESS TYPE

Check "✓" only one:
☐ Proprietorship
☐ Partnership
☐ "S" Corporation
☐ Other, specify _____
☐ Corporation (Regular)
☐ Cooperative

☐ Grain Bank
☐ Warehouse
☐ Grain Buyer
☐ Grain Buyer & Warehouse

☐ Grain
☐ Grain & Feed
☐ Seed
☐ Popcorn
☐ Other, specify _____

Fiscal Closing Date:

Date of Incorporation:

Accounting Basis:

☐ Cash

☐ Accrual

**Owner's name and address (if proprietorship), Partners (if partnership), or Officers and Directors (in the case of corporations).
Attach separate list if necessary**

Name: _____ Percent owned (to total 100%) _____ If corporation, (check one box)
☐ Director ☐ Officer

Address: _____ Title: _____

Name: _____ Percent owned (to total 100%) _____ If corporation, (check one box)
☐ Director ☐ Officer

Address: _____ Title: _____

Name: _____ Percent owned (to total 100%) _____ If corporation, (check one box)
☐ Director ☐ Officer

Address: _____ Title: _____

Name: _____ Percent owned (to total 100%) _____ If corporation, (check one box)
☐ Director ☐ Officer

Address: _____ Title: _____

APPLICANT'S VERIFICATION

I, (Name): _____, being first duly sworn, depose and say that I am the

(Title): _____ of the licensee (Name of Company): _____
authorized on the part of said company to verify and file with the Indiana Grain Buyers and Warehouse Licensing Agency this financial profile; that I have full
personal knowledge of the matters set forth herein and that all of the same are true in substance and in fact.

Signature:

Date:

**The above verification must be signed by the owner if an individual, by one of the partners if a partnership,
or by an officer of the corporation if a corporation.**